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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of DeLa
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 121
County Registrar No. 619
Local Registrar No. _____

2. Full name of child Marion Glen Williams If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth 5 6. Legitimate? yes 7. Date of birth Aug. 7-1924 Month day year

8. FATHER Full name <u>James Alfred Williams</u>		14. MOTHER Full maiden name <u>Anna May Gordon</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Dayoaca Mex.</u> (State or country)		18. Birthplace (city or place) <u>Pima Ariz</u> (State or country)	
13. Occupation Nature of industry <u>mining</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 8 A. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from _____
supplemental report _____ Month, day, year.

Signature Cyril M. Crow M.D. (Physician or midwife)
Address Miami, Ariz
Filed Aug 31 1924 Local Registrar. P. S. Davis
Filed 9-3 1924 County Registrar. B. J. J. A.

ORIGINAL RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

462-807-175